2000 UNIFORM BUSINESS REPORT (UBR) A97000001577 **DOCUMENT #** FILED 1. Entity Name WETHERHOLD LIMITED COFEBIO AMIO: 17 Principal Place of Business EFECTIVE SECRETARY OF STATE Mailing Address TALLAHASSEE, FLORIDA 10006 CHARLESTON DR--10006 CHARLESTON DR-VERO BEACH FL 32963 VERO BEACH FL 32963-4751 2. Principal Place of Business Drive 10625 FREAYNED RIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE State Applied For CH & State BEACH 4. FEI Number 65-0771399 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 777 S. FLAGLER DR., SUITE 500 EAST WEST PALM BEACH FL 33401 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$750,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 10625 FRAYNE DRIVE DOCUMENT # STREET ADDRESS WILDS, SARA W NAME 10635 FIFE AVE. STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-7IP VERO BEACH FL 32963 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF <u>200003148302--5</u> -02/25/00--01096--025 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS ****526.25 ****526.25 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-78P

SIGNATURE:

STREET ADDRESS

CITY ST-7IP

SCRATURE RESIGNATION

TED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

Date